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## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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## 07939

#### CERTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)	
County	State Ma. County Charles	
City or town		000000000000000000000000000000000000000
How long in above place of death? 8-9 400.	City or town	rest town)
nospital, institution, or street address where death occurred.	Street No.	
Public place	(If rural, give LOCATION)	
How long in hospifal or institution?	2.(a) If veteran, name war.	
3. (a) FULL NAME	V, Bair	Number
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
make White Married	20. DATE DF DEATH	112:45 PM
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended decea	
	Sept. 15 19. 47 4	
7. Birth date of constant from 1896	and that that saw h. American on	
deceased (mo., day, )1.7	Immediate cause of death	DURATION
8. AGE: Years Months Days If less than one day	Probably commony occlusion	10-15
5/ 4/ 280min.	a, d	
9. Birthplace	Due to Commany artery disease	?
10. Usual occupation	Due to. Dialette mellitus	<b>2</b>
11. Industry or business		
E 12. Name Dan	Other conditions Carrie alcalation	
13. Birthplace  14. Maiden name	(Include pregnancy within 3 months of death)	
No. 14	Majar fiadings of operations	
E 15. Birthplace		
18. Informant TINS alverta Jan	Antopsy results	statistically
Address Bel allow ma	22. VIOLENCE: If death was due to exfernal causes, fill in the following:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(Burial, cremation, or removal, Which?)  Date thereof (month) (dsy) (year)	Accident, suicide, or homicide	
Cemetery or crematory.	Where did injury occur?	(State)
Stransburg Plann	Injured at home, farm, Industry, public place (where?)	
Location 4 A A A	Means of Injury Injured at work?	
18. Funeral director/7 and 7		
Address Waldory	23. SIGNATURE L. Mac Kavanal, MS	O. or other
19. 9-16 (Oste rec'd by registrar) 19.47 Julia H Registrar	Address Sa Plata, D. Date signed	
(Date fee o by registrat)	NUMICOS DE 16 SIGNES	

SEP 26 1947

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

() 7940 r. Dist. No. 16

1. PLACE OF DEATH: Challes	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Bry An Talva	State Md: County Charles
(If obtside city of town limits, write RURAL and give nearest town)	Sity or laws Brisantown
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	2.(d) If veleran, name war
3. (a) FULL NAME Harry Richard Box	Vling  3. (b) Social Security Number
4. Sex 15. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION  20. DATE OF DEATH. September 7 19.47 21 149 A.M.
6. (b) Name of husband or wife Margaret S. Bawling	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw hamalive on september 7 1847
deceased (mo., day, yr.)  8 ACF: Years   Months   Days   If less than one day	Immediate cause of death
0. 102.	Terminal Cardiae Farluse
80 I I I I I I I I I I I I I I I I I I I	Generalyed attenselesous 5 days
9. Birlhplace (Town, county, and state)	Due to Delitarity of the State
10. Usual occupation. A stirred farmer	Due to
11. Industry or business	
12. Name Senjanjin t. Dowling 13. Birthplace Chap, co, ma,	Diher conditions School Brad arteris - Selec-
# Mared Freile Martin	(Include pregnancy within 3 months of death)
14. Maiden name TWA	Major findings of operations.
16. Informant William J. Bowling	Antonay results. Kocce
Address Bryontown Mit	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Durial Date thereof 9/10/47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) (month) (day) (year)	Accident, sulcide, or homicide
tery or crematory.	Where did injury occur? (City or town) (County) (State)
Tocation By and Share, My.	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?
Funeral director Dutter Playon	Means of Injury Injured all work?
Address Waldorf, Md.	23. SIGNATURE John N. Suffer la. D.
19 Dept 9 1947 M.S. Monros ?	M. D. or other  Meshewille Red 2 1947

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

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Rog. Diat. No. 104

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)  State Mary Ren & County Mortgonery
(1Poutside by or town limits, write RURAL and give nesrest town)	
How long in above place of death?	(If outside city or town limits) write RURAL and rive nearest town)
Hospilal, Institution, or street address where death occurred:	Street No. 1509 Sharon Mr.
	(if rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME & Burne	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m N married	20. DATE OF DEATH Seft, 30 - 19.49 9 at 18 m
6.(b) Namo of husband or wife Lab J D Manager	21. I CERTIFY that death occurred on the date above stated; that I attended receased from
7. Skith date of	and that I last saw h in allive on
deceased (mo., day, yr.)	Immediate cause of death OURATION
8. AGE: Years Months Days If less than one day	En Policy Richard
:50 & 9hrs	
9. Birthplace Naw York, n. J. Sunglight	( Die to Demening ( a caroline )
ger sign	
10. Usual occupation Table 18 Rodrades Rodrades	Duo to
11. Industry or business	
12. Name	Other conditions
\$ 13. Birthplace Rus Gust	
# 14. Malden name Charlette Q 7 rank	(include pregnancy within 3 menths of death)
15. Birthplace had Take , n. C.	Major findings af operations.
	Oate of op
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1509 Slavon Dofin	
" Markerse " TODY DO 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, on removal Which?) (month) (day) (year)	Accident, suicide, or homicide. T.C.C.C. Ale. 17. Date of 9/30/47
Cemetary or cremetory Allengthers Allengthers Cena.	Where did injury occur?
Location	injured at homo, farm, industry, public place (where?)
18. Funeral director Warnes & Prenthing	Means of Injury Injured at work?
Address Bilon Spring my 1	23 SIGNATURE J. L. Argaren D.
Souton up NION Pr	23, SIGNATURE M. D. or other
(Date ree'd by registrar)  (Date ree'd by registrar)	Address State RO Hayne Sa note stoned SIC & V. W.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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#### CERTIFICATE OF DEATH

- Dia No 100

Reg. Diat. No	
1. PLACE OF DEATH:  COUNTY CHARLES	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
AUGUSTUS CARIS	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  MALE NEGRO Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH.  20. DATE OF DEATH.  21. A A B B B B B B B B B B B B B B B B B
6.(b) Name of husband or wife  7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   If less than one day   hrs.   min.  9. Birthplace (Town, cognty, and state)  10. Usual occupation  11. Industry or business  12. Name Saudy Craes   Months   Saudy Craes   Saudy Crae	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19.4.  19.4.  19.4.  19.4.  19.4.  19.4.  19.4.  19.4.  Immediate cause of death.  DURATION  Due to  Other conditions  (Include pregnancy within 3 months of death)  Major findings of operations.
15. 8irthplace  16. Intermant  Address  17. Charles Control of Temoval, Which?  Cemetery or crematory  Location  18. Funeral director  Address  19. Descriptors  18. Funeral director  Registrar  Registrar  Registrar  Registrar	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, till in the tollowing:  Accident, suicide, or homicide.  Where did injury occur?  (City or town) (County) (State)  Injured at home, tarm, industry, publicy place (where?)  Misans of injury  Injured at work?  23. SIGNATURE.  M. For other  Address.  Address.

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SEP 26 1947

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## CERTIFICATE OF DEATH

1. PLACE OF DEATH; P	2. USUAL RESIDENCE (HOME) OF DECEASED:
County o Charles	(For newborn infants give residence of mother)
(If outside city or town limits, write PURAL and give nearest town)	State County Challes
low long in above place of death?	City or town
lospitat institution, or street address where death occurred:	Street No.
Ohyprian Memoral Harfital	(If rural, give LOCATION)
How long In hospital or institution?	2.(α)    veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Agustus	Montgomery
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION EST
M / It Sungh	20. DATE DF DEATH 9-13 19 47 21 39
	21. I CERTIFY that death occurred on the date above stated; that Allended deceased from
S.(b) Name of husband or wife	aug 10 1944 10 alest 13 1947
7. Birth dale ol	and that I last saw h.i. M. alive on 9-13
deceased (mo., day, yr.) July 2/-1888	Immediate cause of death DURATION
8. AGE: Years (Months Days It less than one day	
3-9 / 23min	· Coughtor Heart balling 6-5:47
a sixtheire Halding mil	Due to
(Toyn, county, and state)	My pertingen Henry June
1D. Usual occupation Further	Due lo
11. Industry or business	
= 12 Name John Downly Monlyoner	Dther conditions
12. Name of his Downly Montgomer.  13. Birthplace Wedney ned	
	(Include pregnancy within 3 months of death)
14. Malden name Elya Fates  15. Birtholace  Muldon Sund	Major fiadings of operations.
El 15. Birthplace	Date of op.
16. Interment Theore Whenlyouly	Autopsy results
Address Marhing my	
B. 1411 9-15-49	22. VIOLENCE: Il death was due le external causes, fill in the following:
(Burial, cremation, or removal, Which?)  Date lhe eof (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory. Oscillary	Where did injury occur?
Location Haldsynd	Injured at home, farm, Industry, public place (where?)
old who when I	Means of Injury Injured at work?
18. Funeral director.	ARI ALL IN I
Address Valaoy June	23. SIGNATURE CALLER
9-14 47/ Julia H. Naser	M. D. or other
(Data reed by registrer)	Address Date signed - 13-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

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SEP 16 1947

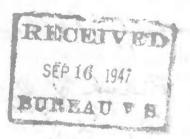
BURBAU F 8

## MARYLAND STATE DEPARTMENT OF HEALTH

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County  City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of dealh?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  Slate
Hospital Institution, or street address where death occurred:	Street No.
Obusewar Memoral Karfilal	(If rural, give LOCATION)
How long In hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Elias Marbert Choes	
4. Sex   5. Color of race   6.(a)Single, married, widowed, or divorced   Married	MEDICAL CERTIFICATION EST  20. DATE OF DEATH 13 September 1947 at 4:15 p
6.(b) Name of husband or wife agatha	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  10 Sextember 19.67 to 13 Sextember 19.67
7. Birth date of	and that I last saw ham alive on 13 Sonten 19 X7
deceased (mo., day, yr.)	Immediate cause of death Cenedral hemonhay. DURATION
8. AGE: Years Months Days It less can one dayhrs	
9. Birthplace (Town, county, and state)	Due to Hypertension
1D. Usual occupation.	Due to Cardia - Nas cular distance:
11. Industry or business  12. Name Ruchark O live  13. Birthplace La Plata Miss	Other conditions None
	(include pregnancy within 3 months of death)
14. Maiden name Carrie Farrie  15. Birthplace La Plata ma	Major findings of operations. None.
E 15. Birthplace La State	Date of op.
18. Informant as attle O lives	Autopsy results none
Address La Plata mit	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
Q-11-15	22. VIOLENCE: If death was due to external causes, flil in the following:
(Burial, cremation, or removal, Which)  Oale thereot	Accident, suicide, or homicide None Date of
Cemetery or crematory MY Kuot	Where did Injury occur?
La Plato mil	Injured at home, farm, Industry, public place (where?)
Location Funds 4 Favors	Msans of Injury Injured at work?
18. Funeral director	
Address Walary Di Al	23. SIGNATURE TOWARD, M.D. or other
19. ————————————————————————————————————	Address Box 214 La Plata, Ud. Date signed 13 Sept 47

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2411 N. Charles St., Baltimore

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CER'	A 1	Age and		TO THE	A PERSON
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Rog. Diat. No. / OS

1. PLACE OF DEATH County Count	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give reaidance of mother)  State
(If outside city or town limits, write RURAL and give nearest town)	Magica. Head
How long in above place of death?	City or town
Hospital, Institution, or street address where death coursed:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, nama war
Erust Barber Penn.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. 1947 at 5 P. M.
8.(b) Name of hueband or wife	21. I CERTIFY that doubt occurred on the date above stated; that I attended daceased from
7. Birth date et deceased (mo., day, w.)	and that I last see halive ea
8. AGE: Yaars   Menths   Days   It less than one day	Immediate cause of death DURATION
76 10 11 min.	Sens Agama
Medavinia Franco D Med	CO . Casus aut to Casallani
9. Birthplace (Town, county, ard atate)	Due to Land Land
10. Usuai occupation Ot Grand	
	Due to
11. Industry or business	Philapus.
12. Name 12. Name 13. Birthplace Cuchles Cu. Puch.	Other conditions
2 13. Birthplace Acarles W. Hich	(Include prognamey within 3 months of death)
H 14. Maiden name APS Share Tour Vol	Major fiedings of operations.
15. Birthplace of the Mary Commod.	Date of op.
In somewhat	Actorsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address (Mayon Mag)	22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, sulcide, or homicide
13174	Where did Injury occur? (City or town) (County) (State)
Cemetery or crematory	
Location Dudday Graffy Tha	Injured at home, farm, Industry, public place (where?)
18. Funeral director Sunt & Report	Maana of Injury Injured at work?
Address Walder F. My	Climas, Q. Riching & With
9/2 42 6/1. 121	23. SIGNATURE. M. D. or other
(Date rec'd by registrar)  19. Registrar	Address Marry Fld Date signed the 194

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WITH UNFADING INK. Supply every item of information carefully. The cimportant. Physicians: please write the causes of death clearly and legibly.

I ha correct age

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# MARYLAND STATE DEPARTMENT OF HEALTH

11	N.	Charles	St.,	Baltimore

07946 Reg. Dist. No. 106

## CERTIFICATE OF DEATH

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
Rospital, Institution, or street address where death occurredy	Street No
How long In hospital or institution?	2.(a) If veteran, name wer.
3. (a) FULL NAME Larah a. Slocum	3. (b) Social Security Number
4. Sex F. S. Color or race S.(a) Single, married, widowed, or divorced W. Married	MEDICAL CERTIFICATION  20. DATE DF DEATH  20. DATE
6.(b) Name of husband or wife Clarence B. Flocum  6.(c) If alive, give age 6.3 years	21. I CERTIFY that death occurred in the date above stated; that I attended deceased from
7. Birth date of deceased (me., day, yr.) Jan h l 1882	Immediate cause of death DURATION
8. AGE: Yeare Menths Days If less than one day	Acabetes Mellitus
9. Birthpiace	Due to
10. Usual occupation	Due to
12. Name Scor gle Segsmatth.	Dither conditions
14. Maiden name Dathurne Rounds.  15. Birthplace Lydney W. Y.	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Clarence Algorithm	Antopsy results
Address Marshall Hyll, Mid.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:
17	Accident, suicide, or homicide Date of
Cometery or crematory	Where did Injury occur?
18. Funeral director. The state of Regards	Meane of Injury Injured at work?
Address Malder Glenkon	23. SIGNATURE Jerrge Q. Bickey W. D. orgstrey
19. (Da/e rec'd by registrar) Registrar	Address analy Mg Date signed Lub 2347